

Print this form and fax or mail to:
Congressman Doug Lamborn
3730 Sinton Rd, Ste 150
Colorado Springs, CO 80907
Fax: 719-520-0840

Authorization Sheet

Date _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Social Security # _____ Date of Birth _____

Agency Involved _____

Numbers Identifying Case (VA claim, Alien number, tax ID, etc.) _____

Date and Place Claim was Filed _____

Please describe problem in detail _____

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Lamborn or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

(Signature)